STATE OF MARYLAND

DHMH

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July 23, 2008
Public Health & Emergency Preparedness Bulletin: # 2008:29
Reporting for the week ending 07/19/08 (MMWR Week #29)

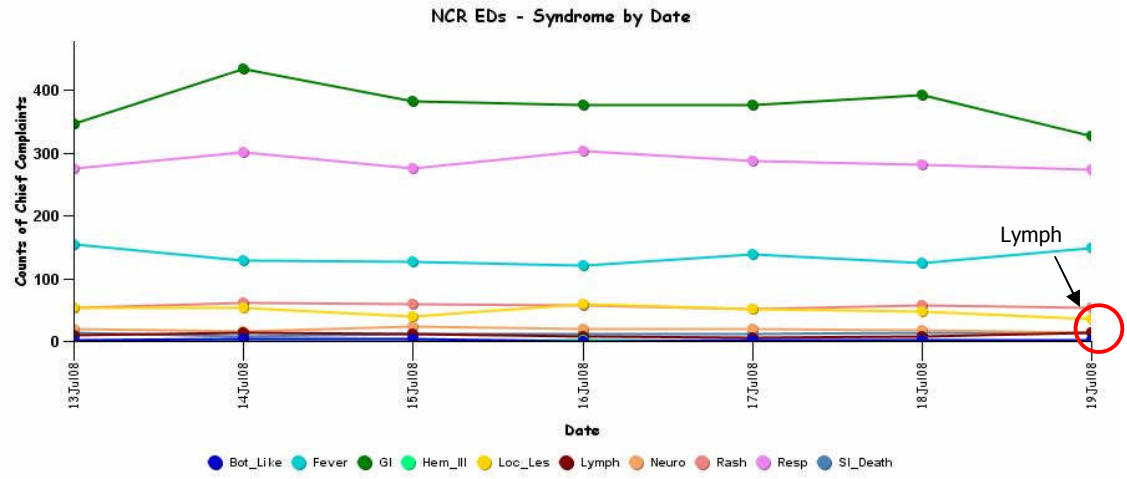
CURRENT HOMELAND SECURITY THREAT LEVELS

National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

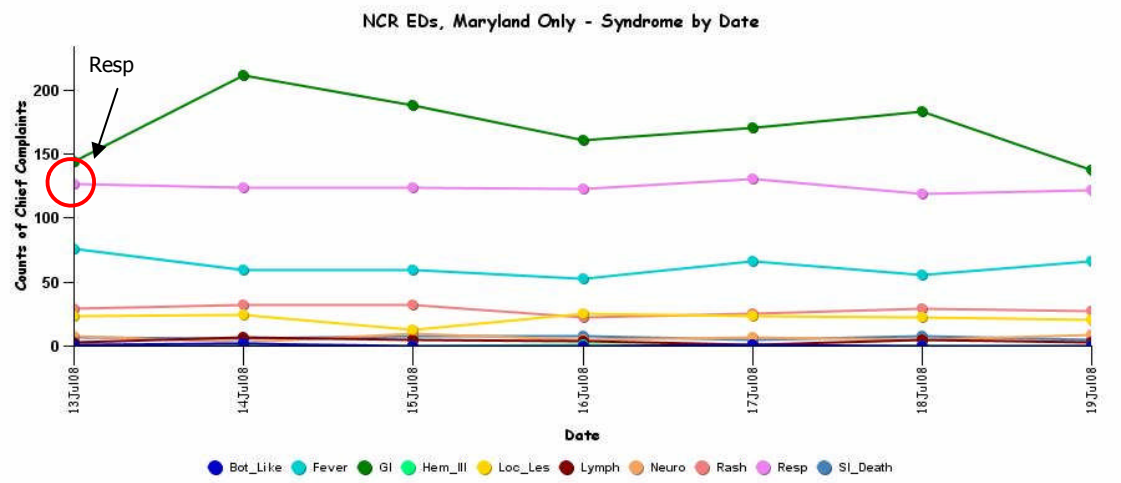
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

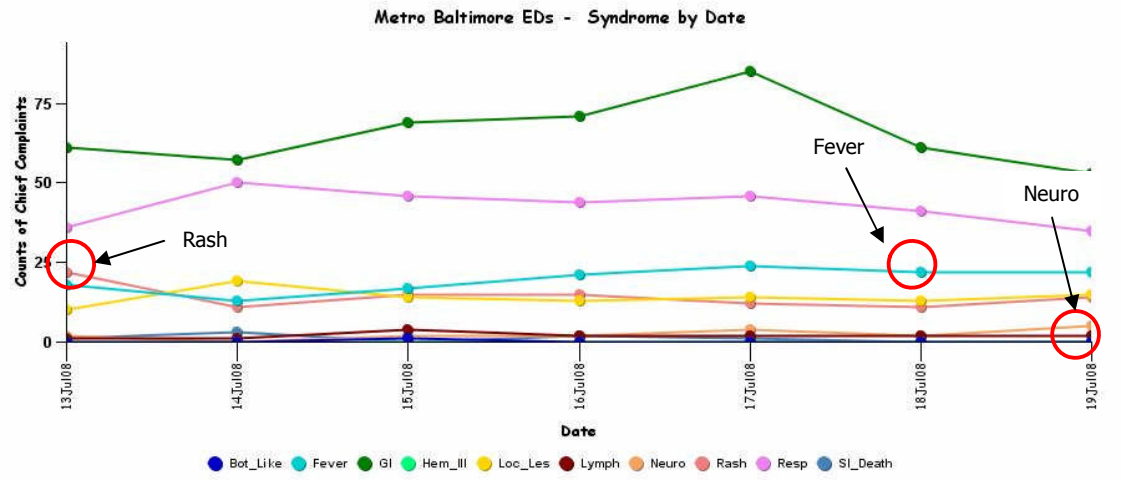
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

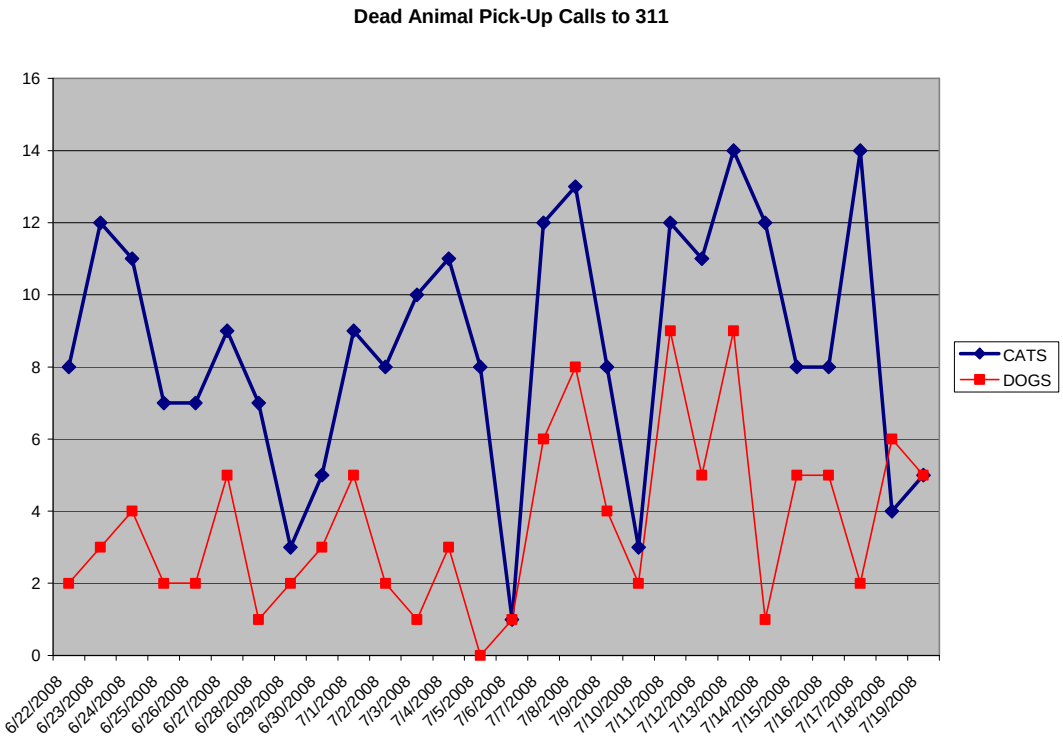


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



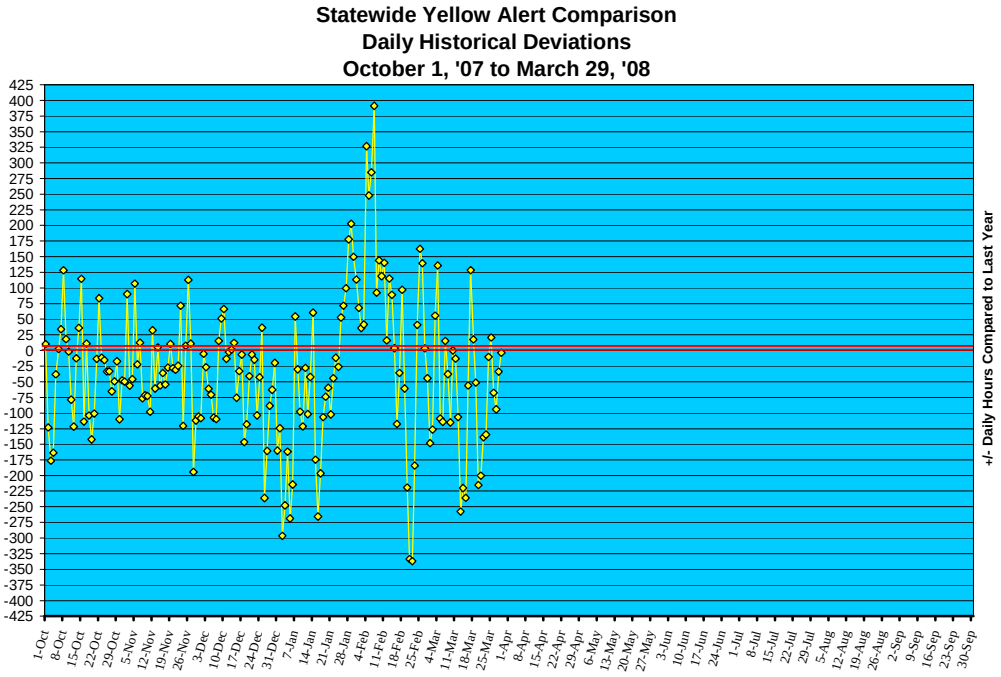
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.
*Note: No new data available at this time.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (Jul 13 – 19, 2008):	9	0
Prior week (Jul 06 –12, 2008):	14	0
Week#29, 2007 (Jul 15 –21, 2007):	17	1

OUTBREAKS: 2 outbreaks were reported to DHMH during MMWR Week 29 (July 13-July 19, 2008):

1 Respiratory illness outbreak
1 outbreak of RESPIRATORY ILLNESS associated with a Nursing Home

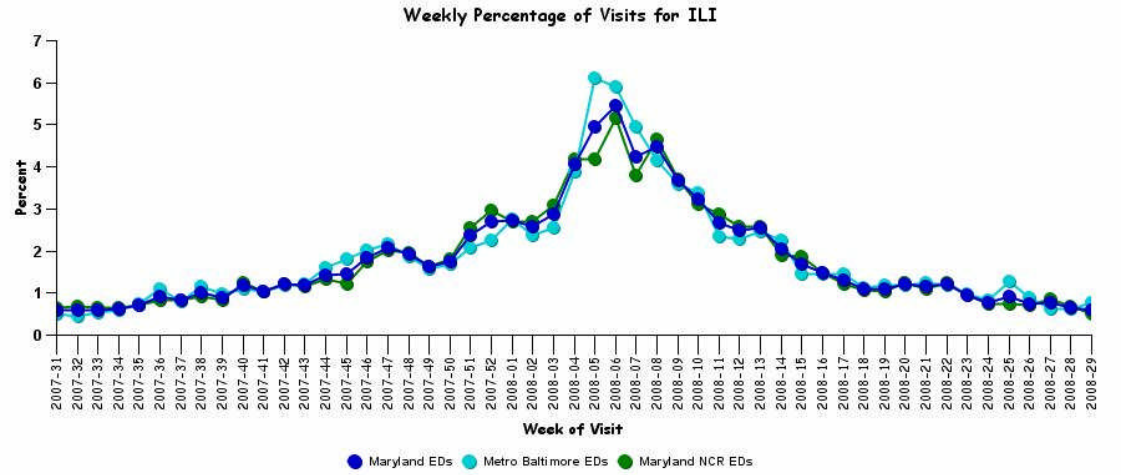
1 Rash illness outbreak
1 outbreak of RASH ILLNESS associated with a Training Facility

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/flu.htm

WHO update: As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (Indonesia): A 38 year old Indonesian man from a town near Jakarta recently died of H5N1Avian influenza, according to an Associated Press (AP) report citing his family and health workers. Indonesia has said it will no longer immediately report new H5N1 cases and will instead provide periodic updates. However, details about the man's death were reported yesterday by the AP, which cited the man's brother-in-law and anonymous health workers as its sources. The man was said to have died on July 10, 2008 after experiencing a high fever, coughing, and breathing difficulties. "The doctor told us he died of bird flu. The tests came back positive from Jakarta," the man's brother-in-law said. The 38 year old man was from Belendung, a village 24 miles west of Jakarta, the AP reported. Residents of the area said ducks and chickens roam the streets freely, but none were reported sick or dead. A relative told the AP that officials obtained blood samples from the man's relatives and neighbors and that they have not culled any birds. Lily Sulistyowati, a health ministry spokeswoman, told the AP she couldn't confirm the man's death. "But we'll let the public know when we release our report at the end of the month," she said. Under the International Health Regulations, countries are obligated to promptly report human H5N1 influenza cases and other diseases regarded as a potential global health threat to the World Health Organization (WHO), which posts announcements about them and keeps an official count of illnesses and deaths. It is not clear, however, if Indonesia's health ministry has informed WHO of the case. If WHO recognizes the man's infection, it will be listed as Indonesia's 136th H5N1 case and 111th death. Indonesia's last 2 H5N1 cases were confirmed by WHO on 19 Jun 2008, and both reflected a delay in reporting the cases. The 2 patients were a 16 year old girl who died on May 9, 2008 and a 34 year old woman who died on June 3, 2008.

NATIONAL DISEASE REPORTS:

E. COLI O157 (USA): A 6th state, Georgia, has reported illnesses related to the latest _Escherichia coli_ [O157] contaminated beef scandal, according to the Associated Press. A day earlier [July 17, 2008], Kentucky, New York, and Indiana were added to the list that had previously only included Ohio and Michigan, where Kroger supermarkets sold bad beef from Nebraska Beef Ltd. The latest outbreak, which was first noted in late May 2008, now has sickened at least 45 people. It is only the latest in a string of recalls of beef in recent months. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, HUMAN (ALABAMA): News 5 has learned that the Baldwin County Health Department has confirmed the 1st case of eastern equine encephalitis [EEE] [virus infection] in a baby. The Health Department detected EEE [virus infection] in 2 sentinel chickens in the Orange Beach area back in June [2008] and one sentinel chicken in Gulf Shores. Health officials say it's important to limit your exposure to mosquitoes to avoid EEE [virus infection]. Environmentalist Rachel Beck recommends keeping repellant on hand when you are outdoors. Mosquito borne viruses like EEE and West Nile virus [are transmitted] from bird to mosquito to bird. When birds become scarce, sometimes mosquitoes will take blood from mammals like humans and horses. That's how humans and horses become ill. Although there are vaccines available for horses, there is no vaccine for West Nile or EEE [viruses] available to humans. (Eastern Equine Encephalitis are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

MULTISTATE OUTBREAK OF SALMONELLA SAINTPAUL INFECTIONS: Since April, 1279 persons infected with *Salmonella* Saintpaul with the same genetic fingerprint have been identified in 43 states, the District of Columbia, and Canada. As of July 22, 2008, there are 37 persons identified as ill in Maryland. An FDA laboratory detected *Salmonella* Saintpaul with the outbreak strain fingerprint pattern in a sample of jalapeño pepper obtained from a distribution center in McAllen, Texas. The accumulated data from all investigations indicate that jalapeño peppers are likely to be a major cause of this outbreak. Fresh serrano peppers and fresh tomatoes remain under investigation. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case
See below for other resources.

INTERNATIONAL DISEASE REPORTS:

ANTHRAX, HUMAN (KYRGYZSTAN): A total of 6 people have been hospitalized with anthrax in southern Kyrgyzstan after eating contaminated beef, the country's emergencies ministry said on Tuesday [July 15, 2008]. A total of 167 people are known to have eaten the infected beef, and 6 cases of infection with the lethal disease have been confirmed in the Central Asian country's Osh Region. The condition of the other 161 is being monitored. Vets have decontaminated the site where an infected cow was put down and incinerated. The outbreak is the 2nd in about a month in southern Kyrgyzstan. In early June [2008], 7 people were hospitalized with anthrax in the neighboring Jalalabad region, of whom one died. A total of 475 people who have come into contact with infected cattle are undergoing preventive treatment. (Anthrax is in Category A on the CDC list of Critical Biological Agents) *Non-suspect Case

ANTHRAX, HUMAN, LIVESTOCK (VIET NAM): A total of 13 people in Meo Vac district in the northern mountainous province of Ha Giang are suspected of having caught anthrax after eating meat of sick cattle, said the director of the Ha Giang Department of Health. The health official, Hoang Ngoc Quyen, said tests conducted by the Central Institute for Hygiene and Epidemiology on 13 food poisoning cases in Meo Vac district, Ha Giang province showed some samples were positive for the anthrax bacillus. However, doctors haven't confirmed whether these people (2 have died) are infected with anthrax or not. Of those, 11 showed symptoms of anthrax after eating sick cattle meat but they have recovered already. In late June 2008, some cattle died of an unknown disease, thought to be anthrax. Some people who ate meat [from the sick cattle] also got sick with symptoms of anthrax. The Preventive Health Agency has asked the Ha Giang Department of Health to take urgent measures to prevent the disease and warn locals not to eat meat of sick animals. The Central Institute for Hygiene and Epidemiology is conducting further tests to confirm whether the disease is anthrax or not. (Anthrax is in Category A on the CDC list of Critical Biological Agents) *Non-suspect Case

CRIMEAN-CONGO HEMORRHAGIC FEVER (SOUTH AFRICA): The provincial health department says a farmer and professional hunter from Adelaide in the Eastern Cape is in a critical condition after being diagnosed with Crimean-Congo hemorrhagic fever (CCHF). Spokesperson Sizwe Kupelo said on Tuesday [July 15, 2008] that the man, 39, was admitted to the Adelaide hospital on July 12, 2008 and transferred to St George's private hospital in Port Elizabeth the next day. The department planned to move him to the state-run Livingstone hospital in the city, where there was a specialised isolation unit. "His situation is extremely serious, and he's in a critical condition," Kupelo said. The diagnosis, received from the National Institute for Communicable Disease (NICD) this week, was preliminary, and confirmation would be available on Wednesday [July 16, 2008]. The viral disease [CCHF], transmitted to humans by ticks or contact with blood or tissue from infected animals, is potentially fatal. Kupelo said the man was reportedly bitten by a tick on July 3, 2008 and went to see a doctor for the 1st time 4 days later. Three days after that, he developed a range of typical fever symptoms, including nausea, vomiting, and joint pains. The department was sending an outbreak response team to the Adelaide area to trace the man's contacts and check what medical assistance might be necessary. CCHF is the commonest of a range of hemorrhagic fevers that occur in South Africa. According to the NICD, anywhere between 5 and 25 cases are reported each year, most of them in the Karoo, the Western Free State, the Northern Cape and North West Province. Most of the sufferers are farmers, farm laborers, hunters or abattoir workers. Symptoms include fever, aching muscles, dizziness, neck pain and stiffness, headache, sore eyes, nausea and vomiting, diarrhea, nose bleeding, and other non-normal bleeding. According to the World Health Organization, one in 3 sufferers dies from the disease. There is no safe and effective vaccine widely available for human use. (Viral hemorrhagic fever is in Category A on the CDC list of Critical Biological Agents) *Non-suspect Case

HEMORRHAGIC FEVER WITH RENAL SYNDROME (RUSSIA): A 2nd fatal case of hemorrhagic fever with renal syndrome (HFRS) has been recorded in Bashkortostan. Oleg Mavlutov, head of the Sanitary Inspectorate of Rospotrebnadzor's [Territorial Directorate of the Federal Services for Consumer Protection and Human Welfare] regional management, announced today [July 11, 2008] that a 50 year old resident of Ufa had died in hospital. The 1st fatal case of HFRS was recorded a month before in the infectious diseases hospital of Ufa. Mavlutov stated that: "From the beginning of the epidemiological season more than 400 people with HFRS [have been] recorded in Bashcortostan. This figure almost is twice that recorded last year [2007] observed Mavlutov. According to a local epidemiologist, the prevalence of the HFRS virus in Bashkortostan, which is one among the largest foci of this isease in the world, fluctuates cyclically every 3-4 years. In his opinion the impending peak in the prevalence of the virus will coincide with increased abundance of the red field vole population -- the principal vector of HFRS. The medical opinion is that the number of HFRS patients will begin to decline from now following a pattern observed in previous years. This year [2008], rodent control measures in the Republic have been allocated RUB 4 250 000 (USD 183 310) with the result that o cases of disease have occurred in sanatoria in holiday resort areas in Bashkortostan. According to Mavlutov the Ufa municipality has allocated additional funds for rodent control in an area of 1600 hectares (3954 acres). An education campaign to raise public awareness of the problem is in progress. (Viral Hemorrhagic Fever is in Category A on the CDC list of Critical Biological Agents) *Non-suspect Case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://bioterrorism.dhmh.state.md.us/

Investigation of Outbreak of Infections Caused by *Salmonella* Saintpaul
Updated information on the recent outbreak of human Salmonella infections associated with consumption of raw tomatoes. (http://www.cdc.gov/salmonella/saintpaul/)

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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